## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: HIL SUNSET HOME (0011194)

Address: 10212 W SUNSET AVE, WAUWATOSA, WI 53222

**License Status: REGULAR** 

Licensed/Certified/Registered 06/01/2006

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0097103 End Date: 05/18/2006 Type: INITIAL Purpose: SURVEY/SELF REPORT

**Results:** LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0095892 End Date: 11/16/2005 Type: INITIAL Purpose: SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008867 Served 11/28/2005

Deficiencies Cited Subject Area Subject Area Corrected

83.43(4)(a) LOCATION OF DETECTORS 05/22/2006 Yes